

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Greene  
Township Campbell  
City Springfield (No. 1)

Registration District No. 2001

Primary Registration District No. 5440

File No. 37732

Registered No. 1032

Ward

2. FULL NAME ZDEB, Jacob

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

Posen, Michigan

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? 40 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Delugozy Zdeb  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 64 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) DK  
11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nienadowka, Poland

13. NAME Jacob Zdeb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

15. MAIDEN NAME Agnes Novak

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Deceased  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Posen, Mich. DATE Oct 31 1937

19. UNDERTAKER Alma Lohmeyer Funeral Home  
(ADDRESS) Springfield, Missouri

20. FILED Oct 27 1937 Chas. A. George  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1937 19   to Oct. 28, 1937 19  

I last saw him alive on Oct. 28, 1937 19   Death is said

to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary Date of onset Unknown

Other contributory causes of importance:  
Psychosis, senile 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (Violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19  

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) T. H. Smith, A.A. Surgeon, M. D.

(Address) Clinical Director, USHDD,  
Springfield, Missouri.

